



## UNIFORM INCIDENT REPORT

STATE OF NORTH DAKOTA

SFN 16441 (06-05)

## REPORT TYPE:

INITIAL      UPDATE

PAGE \_\_\_\_ OF \_\_\_\_

## OFFENSES

I N C I D E N T	AGENCY NAME				ORI ND				INCIDENT/CASE NUMBER													
	OCCURRED ON OR FROM				OCCURRED TO				REPORTED ON													
	MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME										
	INCIDENT ADDRESS OR LOCATION								GEO CODE													
O F F E N S E	REPORTED BY		VICTIM # _____		NAME		ADDRESS				PHONE											
	ON VIEW _____		OTHER # _____		OR																	
V I C T I M S	OFFENSE NUMBER OF		OFFENSE NAME						NDCC OR ORDINANCE													
	OFFENSE NUMBER OF		OFFENSE NAME						NDCC OR ORDINANCE													
	VICTIM NUMBER OF		TYPE		NAME (LAST, FIRST, MIDDLE)						DOM VIOL											
	ADDRESS		APT#		CITY		STATE		ZIP		PHONE		ASSLT/HOM									
	DOB		AGE		SEX		RACE		ETHNICITY		RESIDENCE		EMPLOYMENT/SCHOOL		ASSLT/HOM							
	VICTIM OF OFFENSE(S)		1		2		3		4		5		VICTIM INJURY (SEE OVERLAY # 2)		1		2		3		J-HOM	
	VICTIM NUMBER OF		TYPE		NAME (LAST, FIRST, MIDDLE)						DOM VIOL											
	ADDRESS		APT#		CITY		STATE		ZIP		PHONE		ASSLT/HOM									
	DOB		AGE		SEX		RACE		ETHNICITY		RESIDENCE		EMPLOYMENT/SCHOOL		ASSLT/HOM							
	VICTIM OF OFFENSE(S)		1		2		3		4		5		VICTIM INJURY (SEE OVERLAY # 2)		1		2		3		J-HOM	
P R O P E R T Y	QUANT	LOSS CODE	DESCRIPTION				DESC CODE	DRUG TYPE	DRUG MEASURE	VALUE	DATE RECOVERED	NCIC (Y OR N)										
V E H I C L E	IMPOUNDED	VCO		VYR		VMK		VMO/VST		LIS		LIY		LIC								
	STOLEN	OWNER, ETC												VIN								
	TARGET																					
	SUSPECT																					
	OTHER	RECOVERED AT						TOWED TO				TOWED BY										
	RECOVERED																					
SEIZED	STOLEN IN YOUR JURIS? IF NOT, WHERE?						YES		NO		RECOVERED IN YOUR JURIS? IF NOT, WHERE?						YES		NO			
UNKNOWN																						
I N S	INSURED BY				AGENT				POLICY NO.													
O T H E R	NUMBER OF		NAME (LAST, FIRST, MIDDLE)						DOB		AGE		SEX		RACE							
	ADDRESS		APT #		CITY		STATE		ZIP		PHONE											
	NUMBER OF		NAME (LAST, FIRST, MIDDLE)						DOB		AGE		SEX		RACE							
	ADDRESS		APT #		CITY		STATE		ZIP		PHONE											
OFFENDER														OFFICER				OFFICER NO.				
1														X								
2														REPORT DATE				SUPERVISOR				
3																						
4																						
5																						
OFFENDER																						
1																						
2																						
3																						
4																						
5																						

OFFENDER

1 2 3 4 5

OFFENDER

1 2 3 4 5

OFFICER

X

REPORT DATE

SUPERVISOR

OFFICER NO.

I  
N  
C  
I  
D  
E  
N  
T  
  
C  
A  
S  
E  
  
N  
U  
M  
B  
E  
R

OFFICER'S WORK PRODUCT MAY BE CONFIDENTIAL

SUBJECT DATA	SUBJECT NO. OF		THIS SUBJECT IS: (S) SUSPECT (A) ARRESTED/SUMMONED/CITED								INCIDENT/CASE NUMBER			
	NAME (IF KNOWN) LAST, FIRST, MIDDLE						ALIAS				AGE OR ESTIMATE TO			
	ADDRESS				APT#		CITY		STATE		ZIP	PHONE	SEX	
	DOB		HT	WT	HAIR	EYES	SSN		STATE ID NUMBER		PLACE OF BIRTH		RACE	
	SCARS, MARKS, TATTOOS, ETC								OCCUPATION				ETHNICITY	
ARREST DATA	CHARGE						ARREST/SUMMONS DATE		ARREST/SUMMONS TRACKING #			ARR CODE		
	TYPE OF ACTION		RESIDENCE		MULTIPLE CLEARANCES		MULTIPLE CASE CLOSURES			ARMED WITH		ARMED WITH		
	TAKEN IN / WARRANT (T)		RESIDENT (R)		NOT APPLICABLE (N)		CASE #							
	ON VIEW (O)		NON-RESIDENT (N)		COUNT THIS ARREST (C)		CASE #			JUVENILE		INFORMAL (H)		
	SUMM / CITED (S)		UNKNOWN (U)		ARREST COUNTED ON ANOTHER CASE REPORT (M)		CASE #			DISP		REFERRED (R)		
	CASE #						CASE #							
	IF JUVENILE, PARENT (GUARDIAN) NAME						ADDRESS		CITY		STATE		ZIP	PHONE
IF JUVENILE, PARENT (GUARDIAN) NAME						ADDRESS		CITY		STATE		ZIP	PHONE	DATE REL TO PARENTS
SUBJECT DATA	SUBJECT NO. OF		THIS SUBJECT IS: (S) SUSPECT (A) ARRESTED/SUMMONED/CITED											
	NAME (IF KNOWN) LAST, FIRST, MIDDLE						ALIAS				AGE OR ESTIMATE TO			
	ADDRESS				APT#		CITY		STATE		ZIP	PHONE	SEX	
	DOB		HT	WT	HAIR	EYES	SSN		STATE ID NUMBER		PLACE OF BIRTH		RACE	
	SCARS, MARKS, TATTOOS, ETC								OCCUPATION				ETHNICITY	
ARREST DATA	CHARGE						ARREST/SUMMONS DATE		ARREST/SUMMONS TRACKING #			ARR CODE		
	TYPE OF ACTION		RESIDENCE		MULTIPLE CLEARANCES		MULTIPLE CASE CLOSURES			ARMED WITH		ARMED WITH		
	TAKEN IN / WARRANT (T)		RESIDENT (R)		NOT APPLICABLE (N)		CASE #							
	ON VIEW (O)		NON-RESIDENT (N)		COUNT THIS ARREST (C)		CASE #			JUVENILE		INFORMAL (H)		
	SUMM / CITED (S)		UNKNOWN (U)		ARREST COUNTED ON ANOTHER CASE REPORT (M)		CASE #			DISP		REFERRED (R)		
	CASE #						CASE #							
	IF JUVENILE, PARENT (GUARDIAN) NAME						ADDRESS		CITY		STATE		ZIP	PHONE
IF JUVENILE, PARENT (GUARDIAN) NAME						ADDRESS		CITY		STATE		ZIP	PHONE	DATE REL TO PARENTS
SYNOPSIS	USE SEPARATE SHEETS FOR DETAIL NARRATIVE													
COMPLAINANT/VICTIM CERTIFICATION														
The information I have provided in this case is true and correct to the best of my knowledge. I will inform this agency if property reported as stolen is recovered. I will assume responsibility for any costs associated with return of reported stolen property, missing persons or runaway juveniles. I (will) (will not) (not appl) assist in prosecution of offenders associated with this case.														
DATE: SIGNATURE: X														
STATUS	UNFOUNDED		FILED INACTIVE		EXCEPTIONAL CLEARANCE									
	PENDING		WARRANT		(N)	NOT APPLICABLE		(C)	EXTRADITION DENIED					
	CLRD BY ARREST		JUVENILE		(A)	SUSPECT/OFFENDER DEAD		(D)	VICTIM REFUSED TO COOPERATE					
	NO PROSECUTION				(B)	PROSECUTION DECLINED		(E)	JUVENILE/NO CUSTODY					
														DATE EXCEPTIONALLY CLEARED